

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005263

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

38
3006
162
FILED FEB 18 1963VS 300
Rev. 4/59

DATE AMENDED

8-8-63

8-8-63

8-8-63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Unknown

2-14-63

Stafford Cemetery

DOCUMENT

SHOULD READ

15-16 mo - 499-22-2388

Feb. 17-1963

Prague Cemetery

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b 24 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ellis Fischel State Cancer Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Terry Middle Wayne Last Wescott		4. DATE OF DEATH Month February Day 14 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-20-97
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Road Equip Oper		10b. KIND OF BUSINESS OR INDUSTRY Jasper County Mo	
11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Felix W. Wescott		13b. MOTHER'S MAIDEN NAME Mary E. Brook	
14. NAME OF HUSBAND OR WIFE Aretha (Talley) Wescott		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown No	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. - DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lymphosarcoma, generalized		17. INFORMANT Ellis Fischel State Cancer Hospital Address Columbia, Missouri	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Patchy viral pneumonia		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 9:30 a.m. p.m.	Month, Day, Year 2-14-63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION JASPER, MO.	
21. I attended the deceased from 1-21-63 to 2-14-63 and last saw him alive on 2-14-63 Death occurred at 9:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) William R. Wescott, M.D.	
22b. ADDRESS Ellis Fischel Hospital		22c. DATE SIGNED 2/14/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-17-1963	23c. NAME OF CEMETERY OR CREMATORY Stafford Cem	23d. LOCATION (City, town, or county) JASPER, MO.
24. FUNERAL DIRECTOR Selvey Funeral Home, Jasper, Mo	25. DATE RECD. BY LOCAL REG. Feb 14, 1963	26. REGISTRAR'S SIGNATURE Mrs RE Palmer	

(Licensed Embelmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

FEB 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me.

ör by

Student Embalmer No. _____

working under, my personal supervision.

Student

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.